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Camelford Rural District
Council



Medical Officer of Health's
ANNUAL REPORT

1948.

To the Chairman and Councillors of the Rural District
of Camelford.

Mr. Chairman, Ladies and Gentlemen,

In accordance with the Ministry of Health's circular
3/49 of the 17th January, I have the honour to present the
Annual Report on the Health and Sanitary Conditions of the
District for the year 1948.

I assumed my duties as your full time Medical Officer
of Health on the 1st August, 1948 from your previous
Medical Officer, Dr. Miller, who was also a General
Practitioner.

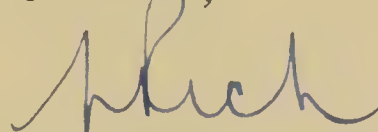
It has been possible with the staff at my disposal, to
keep accurate records of all Public Health and Sanitary
matters in your District. Prior to taking over, no such
staff existed and it is hoped that in the future, full and
accurate reports will be made available to the Council.

Apart from an epidemic of Measles, and a rather high
prevalence of Whooping Cough, the vital statistics for the
District can be regarded as satisfactory. Good progress
was made with the Council's Sewage Schemes. The Council's
Housing Scheme is proceeding slowly and as many houses exist
in this District which are only fit for condemnation, much
work remains to be done in this direction.

I wish to thank your Sanitary Inspector and Surveyor for
the unfailing assistance given to me on taking up my appointment
and for his help during the course of my duties, without which
it would be impossible to carry out all the work involved.

I am, Ladies and Gentlemen,

Your obedient Servant,



Medical Officer of Health.

M.B., Ch. B.
M.R.C.O.G., L.P.H.

Health Area Office,
Castle Green,
LAUNCESTON.
September, 1949.



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SECTION A.

Social Conditions of Area and Statistics.

Summary of Vital Statistics

Area in Acres	52,544
Population	7,457
No. of separate dwellings occupied in 1948	2,845
Rateable value in 1948	£42,553
Product of 1d. rate	£172. 9s. 8d.

Live Births

	Total	Male	Female
Legitimate	38	47	41
Illegitimate	6	3	3
Birth rate per 1,000 of population	-	-	12.60

Stillbirths.

	Total	Male	Female
Legitimate	2	1	1
Illegitimate	-	-	-

Deaths of Infants under 1 year

	Total	Male	Female
Legitimate	3	1	2
Illegitimate	-	-	-
Infant mortality rate	-	-	31.9

Deaths of all causes

	Total	Male	Female
	94	46	48
Death rate per 1,000 of the population	-	-	12.60

The registered causes of death were:-

Causes of Death		Male	Female	Total
1..	Typhoid and Paratyphoid fevers.	-	-	-
2..	Cerebro-spinal fever	-	-	-
3..	Scarlet fever	-	-	-
4..	Whooping Cough	-	-	-
5..	Diphtheria	-	-	-
6..	Tuberculosis - respiratory	3	1	4
7..	Tuberculosis - other forms	1	2	3
8.	Syphilitic diseases	-	-	-
9..	Influenza	-	1	1
10.	Measles	-	-	-
11.	Acute Poliomyelitis; Polio Encephalitis	-	-	-
12.	Acute Infectious Encephalitis	-	-	-
13.	Cancer of Buccal cavity and oesophagus	1	3	4
14.	Cancer of Stomach and duodenum	1	2	3
15.	Cancer of Breast	-	2	2
16.	Cancer of all other sites	4	6	10
17.	Diabetes	-	-	-
18.	Intra cranial vascular lesions	4	3	7
19.	Heart disease	15	14	29
20.	Other diseases of circulation	3	3	6
21.	Bronchitis	3	-	3
22.	Pneumonia	1	3	4
23.	Other respiratory diseases	1	-	1
24.	Ulcer of Stomach or duodenum	-	-	-
25.	Diarrhoea (under 2 years)	-	-	-
26.	Appendicitis	-	-	-
27.	Other digestive disorders	-	1	1
28.	Nephritis	1	-	1
29.	Puerperal and post abortive sepsis	-	-	-
30.	Other maternal causes	-	-	-
31.	Premature birth	-	-	-
32.	Congenital malformation : birth injury: infantile disorders	2	2	4
33.	Suicide	-	-	-
34.	Road traffic accidents	1	-	1
35.	Other violent causes	2	-	2
36.	All other causes	3	5	8

SECTION B.

General Provision of Health Services.

Laboratory Facilities

The National Health Service Act provides a Public Health Laboratory Service to cover Cornwall. This is a marked step forward, as previously the cost of sampling and swabbing had fallen heavily on Local Authorities where in rural areas a considerable amount of sampling was involved. Laboratories have now been established in Truro and Exeter and all swabs and samples are sent to one or other of these Laboratories, whichever is more convenient.

Bacteriological analyses of milk, water and icecream are undertaken free of charge.

Hospital and Clinic Facilities

The majority of hospital cases are referred to Plymouth and Exeter. Infectious Diseases cases requiring isolation in Hospital, are admitted to Swilley Hospital in Plymouth. Specialist Clinics are being established in Launceston to obviate the need for patients undertaking the long journey to Plymouth or Exeter. It is hoped in the near future to have every type of Clinic available in Launceston. The following Clinics are at present available:-

- Ear, Nose and Throat
- Chest
- Medical
- Cancer follow up
- Dermatological
- Ante-natal
- Minor ailments
- Orthopaedic
- Infant Welfare

Ambulance Facilities

The County Council, in accordance with the provision of the National Health Service Act, 1948, are now responsible for the administration of the Ambulance Service.

Agreement has been reached with the St. John Ambulance Service, and a scheme evolved whereby the County Council is responsible for a proportion of the Ambulance Service and the St. John for the remainder. The County Council has acquired a certain number of ambulances formerly the property of the St. John, and has provided fulltime drivers. The County Ambulances and their drivers are operating the Service during the hours of 7.0 a.m. and 7 p.m. in their Main Centres. Apart from the initial difficulty inherent in any new scheme, the Service is working well, having regard to the very much increased number of calls on it since the inception of the new Act.

Hospital Car Service

Where a District is situated far from the main Hospital Centres, it is essential to provide a Hospital Car Service to enable patients to attend Hospital for consultation and treatment. Although a Hospital Car Service existed before the advent of the National Health Service Act, this Service has increased considerably. A panel of voluntary car drivers has been established to carry out this Service, and they are paid a mileage rate by the County Council.

SECTION C.

Sanitary Circumstances of District.

Drainage and Sewerage

Since the last Report, good progress has been made with sewage schemes. Practically the whole of the main street drainage has been laid in Tintagel and Boscastle, and work is well under hand at Delabole. It is hoped that the next Report will be able to publish the completion of these schemes.

Water Supplies

Analyses, bacteriological and chemical, were made of all the main supplies. The reports on each are as follows:-

Camelford	-	The hygienic purity of the sample is satisfactory.
Boscastle	-	The purity of the water is satisfactory
North Cornwall Joint Water Board	-	The sample is a pure water from a moorland gathering area and is satisfactory for drinking and domestic requirements.
St. Breward	-	The purity of the water is satisfactory for drinking and general domestic use.

There is the question of water and sewerage for the small hamlets, some of these are badly in need of both commodities. With the addition of more modern houses in some Parishes, this means a bigger drain on the existing supplies. This is noticable at St. Breward where there has been a shortage, and arrangements must be made here for taking in additional supplies and constructing larger retaining reservoirs.

SECTION D.

Housing Survey.

During the year 1948, 26 new houses were completed and 28 were in course of being built. At the end of the year the whole of the allocation of houses had been taken up.

In the post-war period, 38 houses have been built and tenanted and more new houses are under construction at St. Teath, Advent, Camelford, Tintagel, St. Breward, Boscastle, Davidstow and Michaelstow. It is considered that the question of two-bedroomed bungalows for the area should be considered.

The question of insanitary and low classified houses has been thoroughly gone into by your Sanitary Inspector, and is the subject of a separate Report.

SECTION E.

Inspection of Food.

Inspection and Supervision of Food

Milk and Milk Supplies

There is a general improvement in the condition of the cowsheds in the District. There are 11 on the Accredited Milk Producers roll, and 17 Tuberculin Tested. This is very satisfactory for a Rural Area.

Unsound Food

The amount of food condemned as unfit during 1948 is as follows:-

<u>Quantity of food inspected</u>	<u>Reason why unfit</u>
20 2½lb tins peaches	Tins blown and damaged
9 tins carrots	Tins blown and damaged
28 lbs smoked haddock	Decomposed
1 13oz tin milk	Tin blown
3 tins milk	Tins blown and leaking
5 14 oz tins Da Lec milk	Tins blown and damaged
6 tins Carnation milk	Tins blown and damaged
1 tin herrings in tomato	Tins blown and damaged
2 tins celery	Tins blown and damaged
2 tins sliced beetroot	Tins blown and damaged
11 tins beans	Tins damaged and leaking
39 lbs bacon	Out of condition
5 1-gallon tins peaches	Tins blown and damaged
5 2½ lb tins apples	Tins blown and damaged

1 tin grape fruit	Tin blown
1 gallon tin apples	Tin blown
5 tins peas	Tins blown
37 lbs beef	Bone tainted
1 tin melon jam	Tin damaged and leaking
84 lbs sugar	Contamination with paint
120 lbs dried milk	Sour and out of condition
48 4½oz tins milk	Tins blown, damaged and leaking
1 tin salmon	Tin damaged and leaking
4 tins sardines	Tins damaged and leaking
4 tins milk	Tins damaged and leaking
2 tins tomato soup	Tins leaking
1 tin oranges	Tin leaking and damaged
1 tin beans	Tin leaking and damaged
1 tin plums	Tin blown
14 lbs vermicilli	Out of condition
1 2-lb tin grapefruit	Tin damaged and leaking
1½ cwt flour	Ruined by water getting into cellar
½ cwt oatmeal	Ruined by water getting into cellar
1 14½ oz tin of milk	Blown tin

SECTION F.

Prevalence and Control of Infectious and other diseases.

During the year 1948, notifications of the following diseases were received:-

- 1 Diphtheria
- 7 Scarlet fever
- 1 Erysipelas
- 1 Puerperal pyrexia
- 1 Acute Poliomyelitis
- 12 Pneumonia
- 359 Measles
- 99 Whooping cough

Tuberculosis

All new cases of Tuberculosis, either respiratory or non-respiratory are reported to the County Medical Officer of Health. Institutional care, where considered necessary, is arranged by the County T.B. Officer in the various Sanatoria at his disposal. The living conditions etc. of persons subsequently discharged from these Sanatoria are investigated by this Authority. If necessary, additional nourishment is provided in order to maintain their resistance to the disease.

During the year, there were five new cases of respiratory Tuberculosis.

Diphtheria Immunisation and Vaccination

With the new Health Service Act, the General Practitioners were asked to co-operate in a Scheme of Immunisation and Vaccination and nearly all General Practitioners joined. It was generally understood that an additional payment would be made to the Practitioners for this Service, but to date, no agreement has been reached. The result is that your Medical Officer of Health no longer receives very many cards of cases done by General Practitioners. Although there is no doubt that General Practitioners are still carrying out Prophylactic Services, it is not possible now to collect adequate records.

During this year, the number of Diphtheria immunisations was 180 and Vaccinations 22.

